



## Exploring student nurses' attitudes towards those who are obese and whether these attitudes change following a simulated activity

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### ABSTRACT

**Background:** As the prevalence of obesity increases worldwide the field of bariatric medicine has emerged, focussing on the causes, prevention and treatment of obesity. People who are obese regularly face bias from healthcare professionals, which can negatively impact on care delivery and patient outcomes. The introduction of bariatric empathy suits into simulated practice may enable student nurses to appreciate the needs of, and influence their attitudes towards, obese people.

**Objectives:** The aim of this study was to explore student nurses' attitudes towards those who are obese and whether these attitudes change following a simulated activity.

**Design:** A mixed methods study incorporating a pre-post design.

**Setting:** A UK university which provides pre-registration nursing education.

**Participants:** Nursing students in part 1 ( $n = 39$ ) and part 2 ( $n = 29$ ) in adult and mental health fields.

**Methods:** Part 1 and 2 nursing students completed the "Nurses' attitudes towards obesity and obese patients scale" (NATOOPS) questionnaire. Part 2 students also took part in a simulation activity while wearing a bariatric empathy suit and completed the NATOOPS questionnaire again immediately after the simulation activity. Students who wore the empathy suits were invited to a focus group.

**Results:** Part 1 students reported poorer attitudes on the NATOOPS scale than Part 2 students. After wearing the bariatric empathy suits students reported changed attitudes on the NATOOPS in three areas: response to obese patients, characteristics of obese patients and supportive roles in caring for obese patients. Five themes emerged from the focus groups related to physical and psychological impact of the suits; thinking differently; simulation as a learning experience and challenges and recommendations.

**Conclusions:** Following a structured educational experience student nurses' attitudes were more positive towards obese patients. The characteristics of the educational activity that appeared to influence student nurses' attitudes was related to the "lived experience" of wearing bariatric empathy suits.

### 1. Introduction

The prevalence of obesity has doubled worldwide since 1980 (World Health Organisation, 2016). Obesity is defined as a body mass index (BMI) of 30 kg/m<sup>2</sup> or above (World Health Organisation, 2016), and obese individuals are at greater risk of cardiovascular disease, osteoarthritis and diabetes (Baker and Bate, 2016). Consequently, the field of bariatric medicine, or bariatrics, has emerged, focussing on the causes, prevention and treatment of obesity.

Attitudes towards obesity in patients and society more generally are an important consideration. Attitudes can be defined as stable entities stored in the memory or a judgement based on currently available information (Gawronski and Bodenhausen, 2006). It is widely recognised that attitudes are complex and can change and influence behaviour

(Bohner and Dickel, 2011). Attitudes to obesity are influenced by individual differences, media, social norms and experiences (Pearl et al., 2012). People who are obese regularly confront bias from health care professionals (Puhl and Heuer, 2010) and others, which can lead to marginalisation and stigmatisation.

Moreover, negative attitudes and perceptions amongst nurses can impact care delivery and patient outcomes (Pervez and Ramonaledi, 2017; Poon and Tarrant, 2009). It is unclear whether these negative attitudes are pre-existing or whether they develop with exposure to caring for obese patients. A number of studies have explored nursing students' perceptions of obesity. Keyworth et al. (2013) interviewed 20 nursing students to ascertain their perceptions of obesity and barriers to weight management. Numerous challenges relating to managing obesity, negative attitudes amongst registered nurses, influence of the

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nurse's weight and a lack of appropriate training were identified. Exposure to six short video vignettes relating to obesity improved students' attitudes and beliefs immediately after viewing them; these improvements were sustained at 30 days (Molloy et al., 2016).

Simulation is an educational approach that enables students to perform activities that emulate a realistic encounter or experience in a safe environment (Bland and Tobbell, 2016). It encourages the student nurse to adopt a deep learning approach, engage with learning and make links between what they know and real life (Fry et al., 2009). Simulation can provide the opportunity to place the student in vulnerable situations, potentially reflecting the experience of the people they will care for (Weekes and Phillips, 2015).

Mangold and Markiewicz (2014) developed clinical scenarios using standardised patients to simulate obesity and Walker and Gantt (2010) used a bariatric patient simulator manikin to expose student nurses to complex care scenarios. However, while using simulation, neither measured the outcomes of this educational approach on students' attitudes and perceptions of their learning experience.

Within the authors' university a significant portion of the pre-registration nursing programme is simulation based. The use of bariatric empathy suits provides an opportunity for student nurses to develop an appreciation of the needs of the obese person by simulating their lived experience. Wearing the bariatric empathy suit simulates various limitations, including restricted movement, poor posture, gait changes, the challenge of carrying out everyday activities, altered body shape and fatigue. In the absence of relevant research investigating the use of the bariatric empathy suits in nurse education, the aim of this study was to explore student nurses' attitudes towards people who are obese and whether these attitudes change following a simulated activity. The following questions were addressed:

1. Is there a difference in attitudes between pre-registration student nurses with no clinical practice experience and student nurses with 17–20 weeks in clinical practice?
2. Is there a change in student nurses' attitude following a simulated experience of wearing the bariatric empathy suit?

## 2. Methods

### 2.1. Design

A mixed methods study incorporating a pre-post design was conducted in a UK university providing higher education for nurses. Quantitative methods were used to assess the effect of an educational intervention using a bariatric empathy suit on attitudinal outcomes, while qualitative approaches were used to elicit a deeper understanding of the students' experience and help explain the quantitative results.

### 2.2. Participants

Nursing students enrolled in the adult and mental health pre-registration programme from both the Post-Graduate Diploma (PG Dip) ( $n = 90$ ) and Bachelor of Science (BSc) ( $n = 115$ ) routes in each part were eligible to participate in this study.

Nursing students who had not undertaken any clinical placements were invited to complete an attitudinal questionnaire. Nursing students from a second cohort who were further through their programme and had completed at least one clinical practice placement were also invited to complete the questionnaire. This second cohort of participants then progressed to participate in the educational intervention.

### 2.3. Educational Intervention

Student participants in Part 2 undertook an educational simulation activity in which they wore bariatric empathy suits for approximately 30 min while they undertook a range of everyday activities such as

tying shoe laces and using public toilet facilities. The intervention was facilitated by two academic staff members who were also investigators on this project.

During the educational activities students were encouraged to consider the impact of wearing the suit upon their ability to complete activities. Staff deliberately had limited conversation with the students to minimise influencing their ideas prior to completing the questionnaires and activities. Students were asked to complete the questionnaire both immediately before and again after the simulation exercise.

### 2.4. Data Collection

Data were collected over 16 months and included a socio-demographic datasheet and the "Nurses' attitudes towards obesity and obese patients scale" (Watson et al., 2008). This scale has 36 items relating to five factors, namely response to obese patients; characteristics of obese individuals; controllable factors contributing to obesity; stereotypical characteristics of obese patients and supportive roles in caring for obese patients. Items are anchored at either end of a visual analogue scale with descriptive terms including seldom/often or agree/disagree; participants were required to place a mark on the scale indicating their response to the item. Whether a low score was negative or positive varied for each item; the interpretation has been made clear in the results. The published version of the scale incorporates a 100 mm visual analogue scale, however this was operationalised as a 200 mm scale in the current study for ease of completion, with scores converted to 100 mm during analysis. Permission to use the questionnaire was granted by the NATOOPS scale authors.

After the post-intervention questionnaire had been completed students were invited to attend a focus group to discuss their experiences. Three focus groups were conducted with a total of 11 students from both adult and mental health fields ( $N = 4$ ;  $N = 4$ ;  $N = 3$ ). Each was moderated by two of the researchers and lasted approximately 1 h. A topic guide was used to stimulate discussion in each focus group (Fig. 1) and was audio-recorded and transcribed verbatim.

### 2.5. Ethical Considerations

Ethical approval for the study was obtained from the School Research Ethics Committee. All relevant students were invited to participate via their University e-mail. For those students completing the attitudinal scale and datasheet only, a participant information sheet, demographic datasheet and NATOOPS attitudinal scale were sent electronically. Return of the completed study instruments implied consent. For those students in the second cohort who completed the simulation intervention, study information was sent via e-mail and consent forms were signed prior to the intervention. Students were assured that involvement was entirely voluntary and would have no bearing on their academic studies. Students were also informed that all responses on the questionnaires were anonymous and would be stored securely. Participants in the focus groups were reminded that conversations should remain confidential within the group, and that quotes included in dissemination of results would preserve anonymity.

All students were advised that if the study evoked personal or emotional issues appropriate support strategies were available, however no student accessed this support. Wearing the bariatric suit was also a risk as the suits weigh 12–15 kg and can affect posture and gait when walking and make the participant hot and fatigued. Established criteria for the use of the suits already existed within the School including precluding use by those who recently had surgery, were pregnant, had respiratory difficulties, musculoskeletal problems or any other condition that could compromise their health and well-being.

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